Facility Name: OWYHEE COMBINED SCHOOLS Facility ID: DUCV003 I. Ownership of Tank(s) System ID: 00443 Closure docs. requested 6/2003 State Owner ID: 443 Name: **ELKO COUNTY SCHOOL DISTRICT** 1092 BURNS ROAD Street: City: Elko County: Elko Comments: NV State: ZIP: 89801 (702) 738-5196 Phone: Fax: Contact: DON ELSER ' (if other than Owner) Taxpayer ID: S.S. No: Type of Notification 0000549 System ID: New: Amended: Closure: 🗹 DUCV003 StateFacility ID: Date Received: 06 Apr 1987 **Facility Operator:** First Last II. Location of Tank(s) **OWYHEE COMBINED SCHOOLS** Name: 100 ACADEMIC WAY Street: Comments: County: Elko City: Owyhee 89832 State: NV ZIP: Longitude: Latitude: Phone: (702) 738-5196 IV. Indian Lands III. Type of Owner ▼ Tanks are located on land within an Indian Local Government Indian Lands: Reservation or on other trust lands. Tribe Owned: Tanks are owned by native American nation or tribe.

Tribe: :: DUCK-VALUEY 5.5.5

Describe the kind of facility:	Comme	nts: USTs REPLACED WITH ASTs
State Government		
VI. Contact Persons in	i Charge of Tanks	<u> </u>
lame: JIM, GLORIA	Add	ress: OWYHEE COMBINED SCHOOLS
Phone: (775) 757-3400 Contact Type: . Owner RP	Fax: ☐ Operator ☐ Fee Contact ☐ Other	Contact Manager Outreach Location Contact PRINCIPAL .
	and the state of t	
	•	nts:
Facility meets financi	al responsibility requireme	nts:
	•	
Facility meets financi	al responsibility requireme	Comments:
Facility meets financi Check all that apply: Self-Insured:	al responsibility requireme	Comments:
Facility meets financi Check all that apply: Self-Insured: Insurance:	al responsibility requireme Letter of Credit: State Fund:	Comments:
Facility meets financi Check all that apply: Self-Insured: Insurance: Risk Retention Group:	al responsibility requireme Letter of Credit: State Fund:	Comments:
Check all that apply: Self-Insured: Insurance: Risk Retention Group: Guarantee:	al responsibility requireme Letter of Credit: State Fund: Trust Fund:	Comments:

Facility ID: DUCV	003 Facility Name: O	MAHEE COMBINET	SCHOOLS	
Latitude:o	Longitude: Congitude:		a san kanada ya ya da	e proposition and the state of
1. Status of Tank				
Federally Regulate	ed: 🗹 Compartment: 🗌	AST:	Sys. Fac. ID:	0000549
Amended Information	on: Manifolded: Manifolded: -	No Fee: ☐	Tank ID:	001
Tank Status: Perma	nently Out of Use	Comments: TAN	K 1 OF 2	
Rcvd:				
Alt Tank ID:			 	
2. Date of Installation (mo	nth/year) 3. Estin	nated Total Capacity (gall	ons)	
Date Installed:	Jan 1975	Tank Capacity:	5,000	
4. Material of Construction	n			
Enter material of constructi	on for the tank. You may supplemen	nt primary description with o	one of the Secondary	Options.
Tank Material:	Asphalt Coated or Bare Steel	Comments:	Par	
Sec. Tank Option:	None	_	12	1,000 g
	Check if tank has been repaired:	. <u> </u>	Days	1,000 g
Check if tank i	s used for emergency generator:		•	
5. Piping (Material)				O A Continue
Enter material of constructi	on for the piping. You may supplem	ent primary description with	one of the Secondar	y Options.
Piping Material:	Galvanized Steel	Comments:		
Sec. Piping Option:	None	- -		,
		·		
6. Piping (Type)				
Type of Pipe:	Not Listed	- -,		
Check if pip	oing has been repaired: 🔲 .			
7. Substance Currently or	Last Stored in Greatest Quantity	by Volume		
Substance:	Gasoline	Comments:		
CERCLA No.:		•		
Description:				
Doddipilott.,				

Facility ID: DOCVOOS Facility Nar	IIE. OWTHEE COMBINED SCHOOLS
X. Tanks Out of Use, or Change in Servi	Ce .
1. Closing of Tank	
NOTE: This section not available unless tank status a	at top of form is set to a form of closure.
Date Last Used:	Closure Status: Tank removed from ground
Date Closure Rcvd.:	Inert Fill :
Date Closed:	
2. Site Assessment	
Site Assessment Completed:	Evidence of a Leak Detected:
XI. Certification of Compliance	
1. Installation	
Installer certified by tank & piping manufacturer:	Manufacturer's installation checklists have been completed:
Installer certified or licensed by implementing agency:	Another method allowed by State agency:
Installation inspected by registered engineer:	Comments:
Installation inspected & approved by implementing agency:	<u> </u>
2. Release Detection	
Tank/Pipe	Tank/Pipe
Manual tank gauging: : 🔲	Auto line leak detector:
, Tank tightness testing:	Line tightness testing:
Inventory control:	Other method: 🔲 🔲
Automatic tank gauging:	Deferred: 🔲 🔲
Vapor monitoring:	Not listed: 🔽 🔽
Groundwater monitoring: 🔲 🔲	Comments:
sir: 🗆 🔲	
Interstit. Dbl-wall Monitor: 🔲 🔲	
Interstit. Sec. Con. Monitor:	
3. Spill, Overfill, and Corrosion Protection	
Overfill Protected:	oill Protected: CP Met on Tank & Piping:
Check if deliveries limit	ted to 25 gallons at a time (e.g., used oil tanks)
Installer Oath:	<u>.</u>
Name:	Company:

Facility ID: DUCV003 Facility Name: OWYHEE COMBINED SCHOOLS

tatus of Tank		und Storage			*****		
Federally Regulate	ed: 🗹	.Compartment	: 🗆	AST:		Sys. Fac. ID:	00005
Amended Information	on: 🔲	Manifolded	i: 🔲	No Fee:		Tank ID:	0
Tank Status: Perma	nently Ou	it of Use		Comments:	TANK	2 OF 2	
Rcvd:				,			
Alt Tank ID:				-			
ate of Installation (mo	nth/year)		3. Estimated	Total Capacity	(gallor	าร)	
Date Installed:	lan 1983			Tank Capac	ity:	1,000	4
laterial of Construction	n						
er material of construction		tank. You may s	upplement prir	nary description	with on	e of the Secondary	Options.
Tank Material:	Asphalt	Coated or Bare	Steel	Comments:	19	Prouse	1000
Sec. Tank Option:	None				لب	course c	
					1		1
	Check if	tank has been	renaired:		2,	looure d 000 gal	lous
Check if tank i		tank has been		<u>:</u>	2,	000gal	lous
		f tank has been or emergency ge		<u>-</u>	2,	000gal	lous
Check if tank is iping (Material) er material of construction	s used fo	or emergency ge	enerator:	rimary description			
iping (Material)	s used fo	or emergency ge	enerator:	rimary description Comments:			
iping (Material) er material of construction	s used fo	piping. You may	enerator:	_			
iping (Material) er material of construction Piping Material:	on for the	piping. You may	enerator:	_			
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iping (Material) er material of construction Piping Material:	on for the	piping. You may	enerator:	_			
iping (Material) er material of construction Piping Material: Sec. Piping Option:	on for the	piping. You may	enerator:	_			
iping (Material) er material of construction Piping Material: Sec. Piping Option: iping (Type) Type of Pipe:	on for the Galvanii None	piping. You may	enerator:	_			
iping (Material) er material of construction Piping Material: Sec. Piping Option: iping (Type) Type of Pipe: Check if pipe	on for the Galvani None Not List	piping. You may zed Steel ed	supplement p	Comments:			
iping (Material) er material of construction Piping Material: Sec. Piping Option: iping (Type) Type of Pipe:	on for the Galvani None Not List	piping. You may zed Steel ed	supplement p	Comments:			
iping (Material) er material of construction Piping Material: Sec. Piping Option: iping (Type) Type of Pipe: Check if pipe	on for the Galvani None Not List	piping. You may zed Steel ed	supplement p	Comments:			
iping (Material) er material of construction Piping Material: Sec. Piping Option: iping (Type) Type of Pipe: Check if pipubstance Currently or	on for the Galvani None Not List Ding has	piping. You may zed Steel ed	supplement p	Comments:			

X. Tanks Out of Use, or Change in Service	
1. Closing of Tank	
NOTE: This section not available unless tank status at top	of form is set to a form of closure.
Date Last Used:	Closure Status: Tank removed from ground
Date Closure Rcvd.:	inert Fill:
Date Closed:	,
2. Site Assessment	
Site Assessment Completed:	Evidence of a Leak Detected:
	· ·
XI. Certification of Compliance	
1. Installation	
Installer certified by tank & piping manufacturer:	Manufacturer's installation checklists have been completed:
Installer certified or licensed by implementing agency:	Another method allowed by State agency:
Installation inspected by registered engineer:	- Comments:
Installation inspected & approved by implementing agency:	
2. Release Detection	
Tank/Pipe	Tank/Pipe
Manual tank gauging:	Auto line leak detector:
Tank tightness testing:	Line tightness testing:
Inventory control:	i i
Inventory control: 🔲 📗	Other method:
Automatic tank gauging:	Other method:
, –	Deferred:
Automatic tank gauging:	Deferred:
Automatic tank gauging:	Deferred:
Automatic tank gauging: Vapor monitoring: Groundwater monitoring:	Deferred:
Automatic tank gauging: Vapor monitoring: Groundwater monitoring: SIR:	Deferred:
Automatic tank gauging: Vapor monitoring: Groundwater monitoring: SIR: Interstit. Dbl-wall Monitor:	Deferred:
Automatic tank gauging: Vapor monitoring: Groundwater monitoring: SIR: Interstit. Dbl-wall Monitor: Interstit. Sec. Con. Monitor:	Deferred:
Automatic tank gauging: Vapor monitoring: Groundwater monitoring: SIR: Interstit. Dbl-wall Monitor: Interstit. Sec. Con. Monitor: Overfill Protected: Spill Protected: Spill Protected:	Deferred:
Automatic tank gauging: Vapor monitoring: Groundwater monitoring: SIR: Interstit. Dbl-wall Monitor: Interstit. Sec. Con. Monitor: Overfill Protected: Spill Protected: Spill Protected:	Deferred:
Automatic tank gauging: Vapor monitoring: Groundwater monitoring: SIR: Interstit. Dbl-wall Monitor: Interstit. Sec. Con. Monitor: Overfill Protected: Check if deliveries limited to	Deferred:

Page 6 of 6

U.S ENVIRONMENTAL PROTECTION AGENCY NDERGROUND STORAGE TANKS, 🚾 GION IX

SELF-CERTIFICATION LETTER OF COMPLIANCE WITH FEDERAL FINANCIAL RESPONSIBILITY AND RELEASE DETECTION REQUIREMENTS ON UNDERGROUND STORAGE TANK SYSTEMS

Return this letter to: EPA Region IX, H-2-1 Self-Certification Letter 75 Hawthorne Street San Francisco, CA 94105

For Federal use only (do:		

		······································

blue o	e type or print all items in or black ink. One certificat d at each facility location.	ion letter should be comple All letters must have an or	ted for the underground signal signature.	torage tank (UST) systems
Part A	A: General Information			
I.	UST Owner Information:			
	(a) Elko County Scho Owner Name (Tribe, Corpora	ol District ation, Individual, Government, or	Other Entity)	
	(b) P. O. Box 1012 Mailing Address	· · · · · · · · · · · · · · · · · · ·		
	(c) E1ko City	(d) E1ko County	(e) Nevada State	(f) 89803 Zip Code
	(g) Richard Harris Contact Person	(h) Assistant Super Job Title	intendemt (702) 738 Phone Number	S-5196
II.	UST Operator Information:			
	(a) Elko County Scho Operator Name (Tribe, Corpo	ol District ration, Individual, Government, or	r Other Entity)	
	(b) P. O. Box 1012	•		
	Mailing Address		,	
	(c) Elko City Richard Harris Assistant	(d) E1ko	(c) Nevada State	(f) 89803 Zip Code
	(g) Superintendent Job Title	(h) 702-738-5196 Phone Number	-	,
ПІ.	Location of UST(s):		·	,
	(a) Owyhee Combined Facility Name	Schools		
	(b) 100 Academic Way Facility Address			
	(c) Owyhee (d) (d)	E1ko (e) Nev	Zip Code	Latitude Longitude

Part B: Self-Certification of Release/Leak Detection

Please provide complete information for all UST(s) and piping(s) under which this self-certification letter is applicable. If more than four USTs or piping are being certified, please photocopy additional sets of pages 2, 3, and 4 and provide the information for the additional USTs and piping.

IV.	<u>UST I</u>	nformation				
	(a)	UST Identification Number	<u>6-000-</u> 287		·	
	(b)	Date of Installation (mm/dd/yy)	<u>unknow</u> n			<u> </u>
	(c)	Capacity of UST (gallons)	3.000			 .
	(d)	Substance Stored	Diesel			
v.	UST F	Release/Leak Detection Indicate with an (X	(), the following	applicable meth	od(s) used for eacl	uST being certified.
	(a)	Manual Tank Gauging (only USTs less than 1,000 gal.)	X			
	(b) .	Tank Tightness Testing Plus Inventory Control				
	(c)	Automatic Tank Gauging				
	(d)	Vapor Monitoring				
	(c)	Groundwater Monitoring			 ·	
	(f)	Interstitial Monitoring (Double-Walled)		. —		<u>-</u>
	(g)	Interstitial Monitoring (Secondary containment)	·			
	(h)	Release/Leak Detection Required But Not Installed				
	(i)	Release/Leak Detection Not Yet Required				
	(j)	Plan for Future Tank Release/ Leak Detection Installed			<u>.</u>	
VI.	UST_S	Spill/Overflow Prevention Indicate with an	(X) the following	g applicable me	thod(s) used for ea	ch UST being certified.
	Spill F	Prevention				
	(a)	Catchment Basins				
	<u>Overfi</u>	ill Prevention .				
	(b)	Automatic Shutoff Devices	 			·
	(c)	Overfill Alarms				·
	(d)	Ball Float Valves				· ·
	Curren	ntly Exempt				
	(c)	Tank Installed Prior to December 1988 Spill/Overflow Prevention Required by 1998, But Not Yet Installed				
	(f)	Product Transfers are Conducted by Se	parate			

VII	UST (Corrosion Protection Indicate with an (X)	the followi	ng appl	licable met	thod(s)	used for e	ach UST	being cert	ified.	
	(a) ·•	Coated and Cathodically Protected Stee	1	-						•	
	(b)	Fiberglass		•					<u> </u>	-	
	(c)	Steel Tank Clad With Fiberglass		_		•				•	
	(d)	Cathodic Protection System Added		-		-					
	(c)	Interior Lining		-						•	
	(f)	Interior Lining and Cathodic Protection	·	-		-					
	(g)	Tank Installed Prior to December 1988 Corrosion Protection Required by Dece 1988, But Not Yet Installed	; :mber X	-		•					
III.	Piping	Information									
	(a)	Piping Identification Number	u <u>nknowr</u>	<u>.</u>		-			_	•	
	(b)	Indicate (P) for Pressurized or (S) for Suction	S	•		•				-	
X .	Piping	Release/Leak Detection Indicate with an	(X), the fo	llowing	method(s) used f	or each se	t of pipi	ng being c	ertified.	
	(a)	Vapor Monitoring		-						•	
	(b)	Groundwater Monitoring		-			<u> </u>				
	(c)	Interstitial Monitoring (Double-Walled piping)		-		•		·			•
	(d)	Interstitial Monitoring (Secondary containment)		 •		•			· · · ·		· _
	(e)	Line Tightness Testing		-							
	Pressu	rized Piping Only						·			
	· (f)	Automatic Shutoff Device		•							
	(g)	Automatic Flow Restrictor		_							
	(h)	Continuous Leak Alarm System		٠		<u>-</u>				-	
	Suction	n Piping Only									
	(i)	Release/Leak Detection Required But Not Installed	<u> </u>	-		•	 				
	(i)	Release/Leak Detection Not Yet Required		•							
	(k)	Plan for Future Release/ Leak Detection Installed		-			· ———				
	Piping	Corrosion Protection Indicate with an X t	he followin	ıg appli	cable meti	nod(s) u	sed for ea	ch UST	being certi	ied.	
— 	(a)	Coated and Cathodically Protected Steel						 *			-
	(b)	Fiberglass		-		<u>.</u>					
	(c)	Cathodically Protected Steel	 	•							

VII.

XI.	UST S	System Removal I	information Identify	those UST(s) and/or piping(s) that have been removed.
	(a)	Identification	Number	
	(b)	Indicate (T) for (P) for Piping (B) for Both		
	(c)	Date of Remo	val	· · · · · · · · · · · · · · · · · · ·
XII.	UST S	System Closure-In	-Place Information I	Indicate with an (X), the following method(s) used for each set of piping being certified
	(a)	Identification	Number	
	(b)	Indicate (T) for (P) for Piping (B) for Both		·
	(c)	Date of Closu	re-In-Place	· ·
Part XIII.	Finan	ział Responsibility	n of Financial Re	
		Yes	No	Question
	(a)	X		Are your USTs owned by a local government entity or tribal government?
		after the pron	red "Yes" to question nulgation of the final to therwise proceed to	(a), then you are in Group 5 and are required to prove financial responsibility 1 year rule (expected by mid-1993). Proceed to question (f) if you currently have financial
		If you answer	red "No" proceed to	questions (b) through (e).
		Yes	No	Question
	(b)			Do you own 100 or more USTs at a single facility?
	(c)		,	Do you own 13 to 99 USTs at more than one facility?
	(d)			Do you or your firm have a tangible net worth of \$20 million or more?
		If you answer	red "No" to all three	of the above questions (b) through (d), proceed to question (e).
		If you answer instructions as	red "Yes" to any of the and are currently requi	he above questions (b) through (d), you are in Group 1, 2, or 3 as outlined in the ired to prove financial responsibility. Proceed to Question (f), skip question (e).
		Yes	No	Question
	(c)			Do you own 1 to 12 USTs at one or more facilities, or 13 to 99 USTs at a single facility, or are you a non-marketer whose net worth is less than \$20 million?
		If you answer December 31, (h).	red "Yes" to question, 1993. Proceed to q	(c), then you are in Group 4 and are required to prove financial responsibility by question (f) if you currently have financial responsibility, otherwise proceed to question
	(f)		an (x) which of the fa at this facility location	following methods of financial responsibility assurance is being utilized by your companion.
	Guara	intee from a corp	orate relative	
	State	funding	•	<u>x ·</u> _

Private	insurance
Trust i	fund
No finavailab	ancial responsibility currently le
(g)	Total dollar amount available for cleanup and liability compensation from one or a combination of the above.
	\$ <u>6,000,000</u>
(h)	If no financial responsibility assurance method is currently available, describe, in detail, plans for obtaining assurance and expected date when assurance will be available:
	•
-	
	•
	·
A	
Attach	additional sheets if necessary.

Certification

I certify that I have personally examined and am familiar with the information submitted in this and all attached documents and diagrams, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete, and hereby certify that the underground storage tanks(s) and associated piping(s) identified above in Parts IV and V are in compliance with the federal requirements for release detection as specified in 40 CFR, Part 280, Subpart D.

1	
Elko County School District	Richard Harris, Assistant Superintendent
Name of Owner, Operator,	Title
or/Authorized Representative	
/ Mihel Huvus	02/04/93
Signature	Date

UNLEADED ENDING	16795,0
BEGINNING	66782.0
PUMPED	130

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG

LOCATION Cascles

								•
DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL OIS	OIL COST	SIGNATURE	DESCRIPTION
1-2017	97307.6	1321	130				14	Mart
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**THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDENT. IF YOUR SCHOOL DOES NOT HAVE THE PROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COME FORMS TO CENTRAL OFFICE WEEKLY.

***FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

UNLEADED ENDING 66 509, BEGINNING 66 595, O GALLONS PUMPED 140

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG MATTACH RECEIPTS

LOCATION Ourhes

DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL	SIGNATURE	DESCRIPTION
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**THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDENT. IF YOUR SCHOOL DOES NOT HAVE THE PROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COME FORMS TO CENTRAL OFFICE WEEKLY.

***FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

UNLEADED COSTON PUMPED COSTON
ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG MATTACH RECEIPTS

LOCATION Chicher

DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL	OIL COST	A7011	
12/	88013			<u> </u>	CIV T	COST	SIGNATURE	DESCRIPTI
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**THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDENT. IF YOUR SCHOOL DOES NOT HAVE TO PROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMES TO CENTRAL OFFICE WEEKLY.

***FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

UNLEADED ENDING 66868 > BEGINNING 66850.2 GALLONS PUMPED 18.5

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG MATTACH RECEIPTS

LOCATION Chypres

								•
DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL	OIL OST	SIGNATURE	DESCRIPTION
12/2	36366	1/22	120	7			The	10/1/
1/2	36366 80588	126	6.4				mar	Stota Mp
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**THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDENT. IF YOUR SCHOOL DOES NOT HAVE THE PROPRIATE FUEL PUMP. MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPFORMS TO CENTRAL OFFICE WEEKLY.

***FOR 'SPECIAL TRIP' VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOC THE APPROPRIATE INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP: FORM.

165.6

REV. 3/85

UNLEADED 66593, 2
BEGINNING 65687
GALLONS
PUMPED 245

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG MAITACH RECEIPTS

LOCATION Chighes

								
DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL. COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTIO
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**THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDENT. IF YOUR SCHOOL DOES NOT HAVE THE PROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COME FORMS TO CENTRAL OFFICE WEEKLY.

***FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

FEB | 6 1995

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UNLEADED 669/68
ENDING 66893, 2
GALLONS PUMPED 23.5

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Queles

DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL. COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTI
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FEB 4 6 1995

UNLEADED ENDING	665293
BEGINNING GALLONS PUMPED	12.5

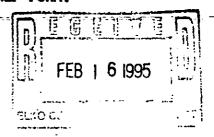
ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG MAITACH RECEIPTS

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UNLEADED 669479
BEGINNING 669479
GALLONS
PUMPED 85

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Quebes

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UNLEADED ENDING BEGINNING	669755 669779
PUMPED	30.6

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Quehss

								
DATE	ODOMETER	UNIT ID#	FUEL. GALS	FUEL COST	OIL OIS	OIL COST	SIGNATURE	DESCRIPTION
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ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG MATTACH RECEIPTS

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UNLEADED ENDING 670396
BEGINNING 620366
GALLONS
PUMPED 8.0

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG MATTACH RECEIPTS

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UNLEADED 67063,8
ENDING 67063,8
BEGINNING 77239.6
GALLONS
PUMPED 24.2

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Quy h 57

DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTIO
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***FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

UNLEADED
BEGINNING 67063.8
ENDING 67073.8
FUMPED 10.0

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

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MAR 2 1995

ELKO COUNTY SCHOOL DISTRICT

UNLEADED
BEGINNING 670738
ENDING 670939
GALLONS
PUMPED 196

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG
**ATTACH RECEIPTS

LOCATION Chiphes

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DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
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***FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS FORM AND THE SPECIAL TRIP FORM.

MAR 2 1995

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UNLEADED ENDING	67117.6
BEGINNING GALLONS	
PUMPED	24,2

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

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DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL. COST	OIL OIL	OIL	SIGNATURE	DESCRIPTI
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MAR 2 1995

UNLEADED 67/50.2.
BEGINNING 67/7.6
GALLONS
PUMPED 42.6

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Church EE

								
DATE	ODOMETER	UNIT ID#		FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
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UNLEADED BEGINNING 67/60,2
ENDING 67/74, Z
GALLONS PUMPED 490

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

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UNLEADED
BEGINNING 67/74/2
ENDING 67/92 6
GALLONS
PUMPED 23.6

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

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DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
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***FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE FUEL INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

UNLEADED
BEGINNING 6>1876
ENDING
GALLONS
PUMPED
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ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Ougher

DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL	SIGNATURE	DESCRIPTION
36	88412	792					ma	mist
36	110590		265				15.	Marist Peter
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**THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDENT. IF YOUR SCHOOL DOES NOT HAVE THE APPROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPLETE FORMS TO CENTRAL OFFICE WEEKLY.

***FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE FUEL INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

UNLEADED BEGINNING 67243, O ENDING 67294, C GALLONS PUMPED 57.

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION OughEE

	Chigira							
DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
3-7	978626	321	150	-	_	_	Say	Maint
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***FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE FUEL INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

UNLEADED BEGINNING 6229 ENDING 62301./
GALLONS
PUMPED 7.0

LOCATION Oughts

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

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**THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDENT. IF YOUR SCHOOL DOES NOT HAVE THE APPROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPLETE FORMS TO CENTRAL OFFICE WEEKLY.

***FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE FUEL INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

UNLEADED ENDING	673/3,2
BEGINNING	67301.1
PUMPED	12,0

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Quels 5

DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL OIS	OIL COST	SIGNATURE	DESCRIPTI
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**THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDENT. IF YOUR SCHOOL DOES NOT HAVE TO PROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPONENTS TO CENTRAL OFFICE WEFKLY.

***FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

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REV. 3/85

UNLEADED ENDING 673/3,2
BEGINNING 673/3,2
GALLONS
PUMPED 398

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Chypies

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DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL. QTS	OIL COST	SIGNATURE	DESCRIPTION		
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***FOR "SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

UNLEADED 67387/ ENDING 67387/ BEGINNING 67353.0 GALLONS PUMPED 34.0

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG ##ATTACH RECEIPTS

LOCATION Coches

DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL OTS	OIL	SIGNATURE	DESCRIPTION
3/5	84284	126	1/.0			1	J. T.	DESCRIPTION
3/16	110915	998	23,0				100	Staturely Petan
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**THIS FORM SHOULD BE KEPT BY THE FUEL PUMP ATTENDENT. IF YOUR SCHOOL DOES NOT HAVE THE PROPRIATE FUEL PUMP, MAINTAIN THE SPECIAL TRIP FORM ON EACH VEHICLE FUELED. RETURN COMPLIFORMS TO CENTRAL OFFICE WEEKLY.

***FOR-"SPECIAL TRIP" VEHICLES FUELED AT SCHOOL DISTRICT PUMPS, LOG THE APPROPRIATE INFORMATION ON BOTH THE ATTENDANT FORM AND THE SPECIAL TRIP FORM.

UNLEADED 67405,7
ENDING 67405,7
BEGINNING 67387,7
GALLONS PUMPED 88,1

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Lughes

								
DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
3/2	110967	998	3,5				Mision	Peton
3/17	41958	15.5	145				Mire	Schoollan
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UNLEADED 6742518
BEGINNING 67405.2
GALLONS
PUMPED 20.6

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ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Quester

	CAUGO E.	•						
DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL OIS	OIL COST	SIGNATURE	DESCRIPTION
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UNLEADED 674629
ENDING 674629
BEGINNING 7425, 8
GALLONS
PUMPED 37.6

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Caugh EE

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DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
122	88796	1292	27.0				200	
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UNLEADED 67473, 2
ENDING 67462, 9
GALLONS
PUMPED 10.0

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

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	170077							
DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
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UNLEADED ENDING 67473,2
BEGINNING 67473,2
GALLONS
PUMPED 462

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE
FUEL/OIL TICKET LOG
WATTACH RECEIPTS

LOCATION Chypse

DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL	OIL QTS	OIL ØST	SIGNATURE	DESCRIPTION
3/25	98385	321	12,0				descri	DESCRIPTION Ou-PG
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ENDING 67530.4
GALLONS
PUMPED (1.0)

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG
**ATTACH RECEIPTS

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LOCATION UNIT ID# FUEL GALS FUEL COST OIL QTS OIL COST ODOMETER DATE SIGNATURE DESCRIPTION 43304 18,0 . .

UNLEADED
BEGINNING 67530,4
ENDING 675455
GALLONS
PUMPED 65/

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Quyher

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DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
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UNLEADED ENDING 67572/
BEGINNING 675755
GALLONS
PUMPED 26.6

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DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DECOTOTION
1/6	98524	321	11.0		161			DESCRIPTION
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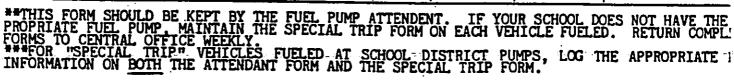
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ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Chiches

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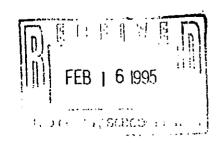




ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

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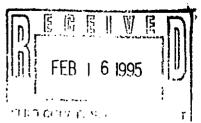


DIESEL SY6072Y
ENDING SY6039,8
GALLONS
PUMPED 326

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG

LOCATION Ouch 55

DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
3/	110749	913	32.6				disa	Poute
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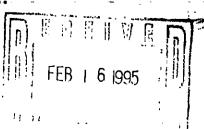
REV.3/85

DIESEL ENDING <u>SY6262/</u>
BEGINNING <u>SY6072</u> Y GALLONS PUMPED <u>189.7</u>

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **AITACH RECEIPTS

LOCATION Churcher

DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
12/3	172/34	787	3714				Term	Rente
13/3	82178	988	36,0		167		men	Pout
13/3	95551		80,0				Fin	Rout
23	66080	£30	36,3		101	_	Paris.	Tack
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DIESEL ENDING 6463748
BEGINNING 6462621
GALLONS
PUMPED 1/2,7

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Aughss

DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
136	34646	810	40,0				men	Monte
13/2	11/053	9/3	340		1		mes	Mosts
13/8	172561	787	38.7			<u> </u>	mea	Pouts
			<u> </u>		<u> </u>		<u> </u>	
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DIESEL ENDING 6464098
BEGINNING 6463246
GALLONS
PUMPED 35.0

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **AITACH RECEIPTS

LOCATION Cayh 5 E

		101777			071			
DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
2/3	172958	787	35,0				man	Monte
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DIESEL ENDING 64658,9
BEGINNING 64640 9.8
GALLONS PUMPED 2491

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Ougher

								
DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL	STOWATURE	DEC.
1/14	111432	913	37. U		1 415	0031	SIGNATURE	DESCRIPTION
2/15	96126	839		<u> </u>			Chlo Jona	Ruck
13/5	82487	788	39,2		164		Marce	Poute
3/6	173416	767	44,2		+		May .	Poute
3/6	34974				-	·	man	Mouto
12/	96274		41.4			- <u></u>		Route
1	10219	357	23.0		 	·	Misin	Pouts
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DIESEL ENDING 646972.00
BEGINNING 64658.9
GALLONS PUMPED 3/3.1

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Ough ET

DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
13/21	66843	830	74,5	-			Jan.	Reate
1/2	173843	757	38,3				The same	Parte
13/22	111819	9/3	41,6	-	101	 -	5250	Pouts
12/23	Kubu ta	<u> </u>	3,3				The same	Meinet
18/24	97112	839	78,4		ICIT		Mai-	Private
12/26	97854	839	72.0	<u>-</u>	101		mman	Tais To Lanes
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DIESEL ENDING 6472013
BEGINNING 64697210
GALLONS PUMPED 2293

ELEO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Churce

DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
12/2	174270	787	252				Brin	Paute
3/28	82802	>88	36.8				me	Route
3/	353/2		39,2				Dan .	Part
13/2	174697	787	37.5			,	Brown	Route
13/2	112272	9/3	42,8			•	man	Pouts
3/3	67043	830	35,7		101		1228-	Route
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DIESEL ENDING 64755849
BEGINNING 647003
GALLONS
PUMPED 357./

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG

LOCATION Oughes

DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
5/6	67390	830	44.5			†	111	Poute
36	194531	504	36.8	,		 	Tien -	
13/7	175/25	287	346	\- <u></u>		 	Janes .	Front Itu
35	67631	830	30.4		- -	 	The second	Bute
3/2	35483	810	22.5		- 	 	100	Porte
3/9	185170	971	42.5			 	(110	Pouts
3/9	112650	913	35.6		 		ahjones	Route
3/9	175481	787	34.1	 -	 -		ale Jones	Route
3/9	83114						algona	Route
3/9	194792	788	36.1		 	<u> </u>	ale Jours	Ronte
1/10	Ford 7000	804	29.7		1gst	<u> </u>	al Jones	
12101	7 000	Trautor	10-4		-	<u> </u>	alegones	UO-176
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DIESEL ENDING 647919.2
BEGINNING 47538.4
GALLONS PUMPED 360.8

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Quybes

DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
13	175861	287	35.7			-	1	Roats
1/3	36386	1 _	31,5			_	More	Pout & Resu
3/14	112878	813	26,5				Same	Dut-
3/16	8.7503	788	39.0				1000	The X
3/6	176285	787	373					Ruste
3/10	195339	804	70.4	- · · · ·			and the	Part-
3/6	15632	830	693					Pocto
3/17	185 416	971	33.8				ahlyone	
3/17	176502	287	17.0			· · · · · · · · · · · · · · · · · · ·	June 1	Rock Pouts
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DIESEL 648209.4 ENDING 547919.2 GALLONS PUMPED 290.2

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Chigh 55

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DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST		
3/20	113161	9/3	285		1 015	COST	SIGNATURE	DESCRIPTION
3/2/1	37667	510	39,0		 -	<u> </u>	ma	Bate
3/2/	176941	787					Mary.	THE COURS
3/20	150716		73,2		101		mon	Route
3/24	127369	767	385				Mary.	Route
12/2	37838		592		ļ		me	Route
12/		0 /0	21.2_				ara.	Rosts
130		£30	42.6		 		men	Route
124	53636	862	18:0		<u> </u>		Amr.	Upr
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DIESEL ENDING 648404.8
BEGINNING 648209.4
GALLONS
PUMPED 195.4

REV.3/85

ELKO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS ADR - 5 1905

LOCATION Chypse

DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
1/27	83761	788	33,6		<u> </u>		Then	Posts
128	113617	9/3	48.8	·	ļ		May	Mute
129	127801	787	41.0		1.6.7	· · · · · · · ·	trong	Must
129	32963	810	16.6		101		m	Maits
139	545/9	862					The same	FB49
330	38232	810	26.8				Man	TAPOLO TO Glanderny
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DIESEL ENDING 648705.7
BEGINNING 648709.8
GALLONS
PUMPED 350.9

ELEO COUNTY SCHOOL DISTRICT MAINTENANCE FUEL/OIL TICKET LOG **ATTACH RECEIPTS

LOCATION Duch EE

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DATE	ODOMETER	UNIT ID#	FUEL GALS	FUEL COST	OIL QTS	OIL COST	SIGNATURE	DESCRIPTION
4/3	125229	287	36,0				Ma	Route
43	113920	913	28.0				ma	Pocte
1/4	99382	£39'	67.8		107		Ma	Route
1/5	PORD TRE	ecter	7.8			•	man	E/atric
16	178656	787	36.0				ma	Noute
16	84092	788	390				True	Poutr
1/6	69452	830	72.2				Fare	Route
4/6	Kubali	j.	2,3			•	Maria	E/ELT.
1/5	38478	810	34,5			·	ana	Poute
4/2	3573/	810	273		i		The	TRACK TO Glaster
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700V003 FENCY S ENVIRONMENTAL PROTECTION of underground storage tak

SELF-CERTIFICATION LETTER OF COMPLIANCE WITH FEDERAL FINANCIAL RESPONSIBILITY AND RELEASE DETECTION REQUIREMENTS ON UNDERGROUND STORAGE TANK SYSTEMS

Return this letter to: EPA Region IX, H-2-1 Self-Certification Letter 75 Hawthorne Street San Francisco, CA 94105

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For Federal			4 A A A A A			
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Para Horala	U					

Please type or print all items in blue or black ink. One certification letter should be completed for the underground storage tank (UST) systems

located at each facility location. All letters must have an original signature. Part A: General Information UST Owner Information: I. FIKO Co. Sah. Dist. Owner Name (Tribe, Corporation, Individual, Government, or Other Entity) UST Operator Information: Π. Location of UST(s): Ш. Longitude

(if available)

Please provide complete information for UST(s) and piping(s) under which this self-cerum tion letter is applicable. If more than four USTs or piping are being certified, please photocopy additional sets of pages 2, 3, and 4 and provide the information for the additional USTs and piping.

IV.	<u>UST I</u>	nformation		,			
	(a)	UST Identification Number		7	_3_		
	(ь)	Date of Installation (mm/dd/yy)	1984	Un Ryonom	Unknow,	<u>د</u>	
	(c)	Capacity of UST (gallons)	1,000	3,000	10,000		
	(ď)	Substance Stored	Unleaded Goes	Diese	Heating oil		
v.	UST I	Release/Leak Detection Indicate with an	(X), the following	ng applicable meti	hod(s) used for each	UST being certif	fied.
	(a)	Manual Tank Gauging (only USTs less than 1,000 gal.)		· .		·	
	(ь)	Tank Tightness Testing Plus Inventory Control	<u>/</u>	/	<u> </u>		
	(c)	Automatic Tank Gauging					
	(d)	Vapor Monitoring				· ———	
	(e)	Groundwater Monitoring	· 		·		
	(f)	Interstitial Monitoring (Double-Walled)					
	(g)	Interstitial Monitoring (Secondary containment)		 .			
	(h)	Release/Leak Detection Required But Not Installed					
	(i)	Release/Leak Detection Not Yet Required	~	~			
	(i)	Plan for Future Tank Release/ Leak Detection Installed			·		
VI.	UST :	Spill/Overflow Prevention Indicate with	an (X) the follow	ving applicable m	ethod(s) used for ea	ch UST being ce	tified.
	Spill 1	Prevention					•
	(a)	Catchment Basins					
	Overf	ill Prevention					
	(b)	Automatic Shutoff Devices	·				
	(c)	Overfill Alarms				<u></u>	
	(ď)	Ball Float Valves				<u>·</u>	
	Curre	ntly Exempt					
	(c)	Tank Installed Prior to December 19 Spill/Overflow Prevention Required 1998, But Not Yet Installed	by December		<u>~</u>		
	(f)	Product Transfers are Conducted by Transfers of No More Than 25 Gall	Separate				

. UST (Corrosion Protection Indicate with an (X) the	ne following a	pplicable method(s	ed for each US	T being certifie
(a)	Coated and Cathodically Protected Steel				·
(b)	Fiberglass				
(c)	Steel Tank Clad With Fiberglass			 .	
(d)	Cathodic Protection System Added				
(e)	Interior Lining				·
(f)	Interior Lining and Cathodic Protection			·	
(g)	Tank Installed Prior to December 1988; Corrosion Protection Required by Dece 1988, But Not Yet Installed	mber			
Pipins	Information			:	
(a)	Piping Identification Number		<u> </u>	_3_	
(ь)	Indicate (P) for Pressurized or (S) for Suction	5	<u>.5_</u>	<u> </u>	
Pipin	g Release/Leak Detection Indicate with an	(X), the follow	ving method(s) use	ed for each set of p	siping being cer
(a)	Vapor Monitoring	·			
_(b)	Groundwater Monitoring	`			
(c)	Interstitial Monitoring (Double-Walled piping)				
- ··(d)-	Interstitial Monitoring (Secondary containment)				
(e)	Line Tightness Testing	~			
Press	surized Piping Only	•			
(f)	Automatic Shutoff Device				
(g)	Automatic Flow Restrictor			· —— `	
(h)	Continuous Leak Alarm System				
Sucti	on Piping Only				
(1)	Release/Leak Detection Required But Not Installed				-
Ø	Release/Leak Detection Not Yet Required	V			<u> </u>
(k)	Plan for Future Release/ Leak Detection Installed				
<u>Pipir</u>	ng Corrosion Protection Indicate with an X	the following	applicable method	(s) used for each t	JST being certi
(a)	Coated and Cathodically Protected Steel				
(b)	Fiberglass				
(c)	Cathodically Protected Steel		المنسسة فيني		

•	(A)	Identification N	The state of the s	
•	(b)	Indicate (T) for (P) for Piping, (B) for Both		
	(c)	Date of Remov	al	
XII.	<u>UST S</u>	ivstem Closure-In-	Place Information	Indicate with an (X), the following method(s) used for each set of piping being certified.
	(a)	Identification N	lumber	
	(b)	Indicate (T) for (P) for Piping, (B) for Both		<u> </u>
	(c)	Date of Closur	e-In-Place	
Part (XIII.		-Certification	of Financial I	Responsibility
	Answe	er "yes" or "no" to	questions (a) thro	ough (e).
•		Yes	No	Question
	(a)	\times		Are your USTs owned by a local government entity or tribal government?
	*;	after the promi responsibility;	ulgation of the fina otherwise proceed	on (a), then you are in Group 5 and are required to prove financial responsibility 1 year all rule (expected by mid-1993). Proceed to question (f) if you currently have financial to question (h).
		Yes	No	Question
	(b)			Do you own 100 or more USTs at a single facility?
	(c)			Do you own 13 to 99 USTs at more than one facility?
	(d)		<u></u>	Do you or your firm have a tangible net worth of \$20 million or more?
		If you answere	ed "No" to all three	e of the above questions (b) through (d), proceed to question (e).
		If you answere instructions an	ed "Yes" to any of d are currently req	the above questions (b) through (d), you are in Group 1, 2, or 3 as outlined in the quired to prove financial responsibility. Proceed to Question (f), skip question (e).
		Yes	No	Question
	(e)	-	·.	Do you own 1 to 12 USTs at one or more facilities, or 13 to 99 USTs at a single facility, or are you a non-marketer whose net worth is less than \$20 million?
		December 31, (h).	1993. Proceed to	on (e), then you are in Group 4 and are required to prove financial responsibility by question (f) if you currently have financial responsibility, otherwise proceed to question
<u></u>	<u>(1)</u>	Indicate with a	in (x) which of the	following methods of financial responsibility assurance is being utilized by your company tion.
	Guare	untee from a corpo	rate relative	
	State	funding		

Private	: insurance					
Trust f	fund		•			
No fine	ancial responsibility currently ole					,
(g)	Total dollar amount available for cleans 1000,000 per TANK	7,000,00	61-91-7	ATE HER YE	PAR WITK	f rt
(h)	If no financial responsibility assurance expected date when assurance will be	s wenog it carre	ntly available, de	escribe, in detail, [olens for obtaining	
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		·· <u> </u>				
<u>·</u>						<u> </u>
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	<u> </u>					
			yaan ee see e		÷: ;	
	to delicional charte if necessary		···			

Certification

I certify that I have personally examined and am familiar with the information submitted in this and all attached documents and diagrams, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete, and hereby certify that the underground storage tanks(s) and associated piping(s) identified above in Parts IV and V are in compliance with the federal requirements for release detection as specified in 40. CFR, Part 280, Subpart D.

Richard HAVVIS	ASST SupT
Name of Owner, Operator, or Apthorized Representative	Title
held Haves	10-03.55
Signature	Date

III. TYPE OF OWNER	. IV. INDIAN LANDS							
Federal Government Commercial State Government Private Local Government	Tanks are located on land within an lands. Reservation or on other trust lands. Tanks are owned by native American	I I	¦					
N Focal Government	nation, tribe, or individual.							
	V. TYPE OF FACILITY							
Select the Appropriate Facility Description			-					
Gas Station	Raiiroad	Trucking/Transport						
Petroleum Distributor	Federal - Non-Military	Utilities						
Air Taxi (Airline)	Federal - Military	Residential						
Aircraft Owner	Industrial	Farm						
Auto Dealership	Contractor	Other (Explain) School Dist.					
•		•						
VI. CONT	ACT PERSON IN CHARGE OF TANKS	3						
Name Job Title	Address	Phone	ne Number (Include Area Code)					
VII	. FINANCIAL RESPONSIBILITY							
	·							
I have met the finance with 4	ancial responsibility requirements in IO CFR Subpart H	Yes						
Check All that Apply								
Self Insurance	Guarantee I	[S.m	e Funds					
Commercial Insurance	Surety Bond		et Fund					
Risk Retention Group	Letter of Credit		er Method Allowed Specify					
		Cities Method Allowed Specify						
	.							
	!							
VIII CERTIFICATI	ON (Read and sign after completing all							
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.								
Name and official title of owner								
or owner's authorized representative (Print)	Signature :		Date Signed					
EPA estimates public reporting burden for this form	n nyarana 20 minutaa aa							
EPA estimates public reporting burden for this form to gathering and maintaining the data needed and composite for Information Policy Branch PM-223, U.S. Environmental PM-223, U.S. En	mments rega	rding this burden estimate to						

X. DESCRIPTION N	DERGROUND ST	ORAGE TANKS (C	omplete for each t	ank at this location	n.)
Tank Identification Number	Tank No. /	Tank No. 2	Tank No. 3	Tank No	Tank No
Status of Tank (mark only one) Currently in Use	~				
Temporarily Out of Use					
Permanently Out of Use					
Amendment of Information					
2. Date of Installation (mo./year)	1984	Unknown.	Unknown		
3. Estimated Total Capacity (gallons)	1,000	3,000	10,000		
4. Material of Construction					
(Mark all that apply)					
Asphalt Coated or Bare Steel	-1				
Cathodically Protected Steel					
Epoxy Coated Steel					
Composite (Steel with Fiberglass)					
Fiberglass Reinforced Plastic					
Lined Interior					
Double Walled					
Polyethylene Tank Jacket					
Concrete					<u> </u>
Excavation Liner					
Unknown					
Other, Please specify					
					
Has tank been repaired?					<u> </u>
5. Piping (Material)					
(Mark all that apply) Bare Steel					
Galvanized Steel					
Fiberglass Reinforced Plastic					
Copper		-			
Cathodically Protected					
Double Walled					
Secondary Containment					
Unknown					
Other, Please specify			:		
Other, Fledde Specify					
6. Piping (Type) (Mark all that apply)					
Suction:-no.valve at-tank	- <u></u>	V=-	n		
Suction: valve at tank					
Pressure					
Gravity Feed					
Has piping been repaired?					

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Tank Identification Number	Tank No/_	Tank No. 7	Tank No. 3	Tank No	Tank No
7. Substance Currently or Last Stored In Greatest Quantity by Volume Gasoline Diesel Gasohol Kerosene Heating Oil Used Oil Other, Please specify Hazardous Substance CERCLA name and/or, CAS number					
Mixture of Substances Please specify					
X.	TANKS OUT OF I	JSE, OR CHANGE	IN SERVICE		
1. Closing of Tank		· ·			-
A. Estimated date last used (mo./day/year)					
B. Estimate date tank closed (mo./day/year)					
C. Tank was removed from ground					
D. Tank was closed in ground E. Tank filled with inert material Describe					
F. Change in service					
2. Site Assessment Completed		- 12. 12.2.			
Evidence of a leak detected					

XI. CERTIFICATION OF COMPLIA	NCE (COMPLET	E FOR ALL NEW	AND UPGRADED	TANKS AT THIS L	OCATION)
Tank Identification Number	Tank No/_	Tank No. 2	Tank No. 2	Tank No.	Tank No
1. Installation					
 A. Installer certified by tank and piping manufacturers 					
Installer certified or licensed by the implementing agency					
C. Installation inspected by a registered engineer					
D. Installation inspected and approved by implementing agency					
E. Manufacturer's installation checklists have been completed					
F. Another method allowed by State agency. Please specify.					
2. Release Detection (Mark all that apply)	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING	TANK PIPING
A. Manual tank gauging					
B. Tank tightness testing					
C. Inventory controls					
D. Automatic tank gauging		<u> </u>			
E. Vapor monitoring					
F. Groundwater monitoring					
 G. Interstitial monitoring double walled tank/piping 					
H. Interstitial monitoring/secondary containment					
i. Automatic line leak detectors					
J. Line tightness testing					
 K. Other method allowed by implementing Agency. Please specify. 					
· · ·					
3. Spill and Overfill Protection					
A. Overfill device installed					
B. Spill device installed					
DATH: I certify the information concerning installation that is provided in section XI is true to the best of my belief and knowledge.					
Name	·	S	ignature		Date
Position				Company	